

## PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Martin, Marlon 225145	DIAGNOSIS (If Chg'd) ① DIC Roboxin over ② Roboxin 500mg BID x 10 days ③ Double protein diet 365 ④ HCU visit 6 wks 8/10/06
D.O.B. 12/7/70	
ALLERGIES: Blocofen	
Use Second Date 6/29/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Martin, Marlon 225145	DIAGNOSIS ① HCU visit 4 wks ② Double protein diet x 365 days ③ Roboxin 500mg po BID x 10 days ④ May purchase 1 pair of state issued tennis shoes - 365
D.O.B. 12/7/70	
ALLERGIES: Blocofen	
Use First Date 5, 25, 06	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



## PHYSICIANS' ORDERS

NAME: Martin, Marlon 225145 D.O.B. 12/12/70 ALLERGIES: NKA Use Last Date 5/11/06	DIAGNOSIS (If Chg'd) Lab form & Lab Recd 1 Has Rheumatoid profile been done as ordered 4/21/06 (ie 097279) - I am not quite sure it is done <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon 225140 D.O.B. 12/12/70 ALLERGIES: NKA Use Fourth Date 4/26/06	DIAGNOSIS (If Chg'd) 1 D/C baclofen. must order 2 BBP - 180 days - given 3 D/C to comp toward 4 Return chest to same tangy 5 Hydrocod 10mg BID X 7 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon 225140 D.O.B. 12/12/70 ALLERGIES: NKA Use Third Date 4/21/06	DIAGNOSIS (If Chg'd) 1 HCU visit & w/ Recd 4-5WK 2 Rheumatoid profile (097279) next lab drug <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon 225140 D.O.B. 12/12/70 ALLERGIES: NKA Use Second Date 4/18/06	DIAGNOSIS (If Chg'd) X-ray - Lumbar - Sacral spine - Pelvic bone & Both hips - Both knees 3 profile II for day - next lab drug 4 Return chest to me <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon 225140 D.O.B. 12/17/70 ALLERGIES: NKA Use First Date 4/18/06	DIAGNOSIS 1 Baclofen 20mg 10 BID X 30 days 2 Profile for 1 cane 180 days, come again 3 NO standing prolonged 7 18m 180 days 4 X-ray - thoracic & spine Lumbar & spine <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PRISON  
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SERVICES  
INCORPORATED

# PHYSICIANS' ORDERS

NAME: <u>Martiny Marlon</u> D.O.B. <u>12/17/70</u> <u>Stanton</u> ALLERGIES: <u>NWA</u> <u>9125</u> Use Last Date <u>3/21/05</u>	DIAGNOSIS (If Chg'd) <u>UM Rx Dr Chumey</u> <u>Hinged knee brace</u> <u>Done Wm Bee</u> <u>3/22/05</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <u>DMK</u>
NAME: <u>Martiny Marlon</u> D.O.B. <u>1/1</u> ALLERGIES: Use Fourth Date <u>3/16/05</u>	DIAGNOSIS (If Chg'd) <u>① um Dr Chumey</u> <u>3/16/05 3:15p</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <u>Dr. Chumey</u>
NAME: <u>Martiny Marlon</u> D.O.B. <u>1/1</u> ALLERGIES: Use Third Date <u>3/15/05</u>	DIAGNOSIS (If Chg'd) <u>1%</u> <u>① Hydrocortisone Cream KOP</u> <u>disp Two tubes</u> <u>② Toradol 60 mg IM x 1 Bow</u> <u>③ Hold in Mow knee pain</u> <u>④ mofen 600 TID x 7d</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <u>Dr. Chumey</u>
NAME: <u>Martiny Marlon</u> D.O.B. <u>12/17/70</u> <u>Stanton</u> ALLERGIES: <u>NWA</u> Use Second Date <u>2/15/05</u>	DIAGNOSIS (If Chg'd) <u>Selenium Sulfide lotion</u> <u>MAAD</u> <u>x 14 days</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <u>DMK</u>
NAME: <u>Martiny Marlon</u> D.O.B. <u>1/1</u> ALLERGIES: Use First Date <u>12/1/05</u>	DIAGNOSIS <u>KUB &amp; Eye Clinic</u> <u>OFE/VF/SLG</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <u>MAAD</u>

MEDICAL RECORDS COPY



## PHYSICIANS' ORDERS

NAME: Montiny Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use Last Date 8/12/05	DIAGNOSIS (If Chg'd) Schedule appt to Dr. Chuncy & obtain results of MRI 8/12/05 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Montiny Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use Fourth Date 8/12/05	DIAGNOSIS (If Chg'd) Hydrocortisone cream MA BID x 30 days Selenium Sulfide Lotion MA BID <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use Third Date 7/20/05	DIAGNOSIS (If Chg'd) HCU Visit in 21 days ✓ Status of NM NMs for MRI & F/U Dr. Chuncy submitted <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use Second Date 4/12/05	DIAGNOSIS (If Chg'd) Hydrocortisone 1% cream x 90 days ROP No prolonged standing > 10 minutes x 30 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use First Date 4/12/05	DIAGNOSIS ① REFER FOR NEUROLOGY WORK UP - OPTIC ATROPHY OS ② ORDER SAFETY GLASSES <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



## PHYSICIANS' ORDERS

NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use Last Date 6/05	DIAGNOSIS (If Chg'd) 11/11/05 MD HCU Visit Visual Disturbance <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: N/A Use Fourth Date 1/14/05	DIAGNOSIS (If Chg'd) No prolonged standing profile > 20 minutes x 30 days Knee - clear Hydrocortisone cream M/BID x 30 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: Use Third Date 10/18/04	DIAGNOSIS (If Chg'd) Atopic Dermatitis Hydrocortisone cream 60gms KOP x 60d ② F/U ortho Dr. Chang 10/18/04 MR Ellis <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: Use Second Date 9/23/04	DIAGNOSIS (If Chg'd) Hydrocortisone cream 60gms KOP x 30d <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin, Marlon D.O.B. 12/17/70 ALLERGIES: Use First Date 9/20/04	DIAGNOSIS See previous page Mou x 23 hours Knee - in mobilizer, may remove forest & shower on M, W, + Toe touch w/ bearing - c/cultras <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED





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# PHYSICIANS' ORDERS

NAME: Martin, Marlon	DIAGNOSIS (If Chg'd) <i>See next page</i> <i>BBP; no standing greater than 10 mins x 6 wks</i> <i>Dressing A, M, WF</i> <i>Crotch profile</i> <i>Ortho Flu - 2 wks</i> <i>Motrin 600 mg TID PRN x 10 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Phh</i>
D.O.B. 12/17/70	
ALLERGIES: NKDA	
Use Last Date 9/20/04	
NAME: Martin, Marlon	DIAGNOSIS (If Chg'd) <i>(c) BB, limited walking/standing x 6 wks.</i>  <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Phh</i>
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	
NAME: Martin, Marlon 9/20/04 0723	DIAGNOSIS (If Chg'd) <i>1) Dressing A 9 M WF</i> <i>2) Crotch.</i> <i>3) Ortho Flu ~ 2 wks ok</i> <i>4) Motrin 600 mg po tid prn x 60d.</i> <i>5) D/C to DOC - return to prior facility.</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Phh</i>
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	
NAME: Martin, Marlon AIS # 225145	DIAGNOSIS (If Chg'd) <i>Ticodol 77 p.o. q 4hrs PRN x 7 days</i> <i>W.O. Dr Chung / Dr. Robbins / A. Williams</i>  <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>(D)</i>
D.O.B. 12/17/70	
ALLERGIES:	
Use Second Date 9/17/04	
NAME: Martin, Marlon AIS # 225145	DIAGNOSIS <i>See touch weight bearing on (R) leg</i> <i>May be out of knee immobilizer to move knee</i> <i>Keep immobilizer on when up.</i> <i>Change dressing PRN. D/C 9-20-04</i> <i>Accept knee PRN. W.O. Dr Robbins / A. Williams</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>(D)</i>
D.O.B. 12/17/70	
ALLERGIES:	
Use First Date 9/17/04	



## PHYSICIANS' ORDERS

NAME: <del>Morton</del> Morton # 225145 D.O.B. 2/17/70 ALLERGIES: NKDA <i>Diaper</i> Use Last Date / /	DIAGNOSIS (If Chg'd)    <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Morton, Morlon # 225145 D.O.B. 2/17/70 ALLERGIES: NKDA <i>Diaper</i> Use Fourth Date / /	DIAGNOSIS (If Chg'd)    <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Morton, Morlon # 225145 D.O.B. 2/17/70 ALLERGIES: NKDA <i>Diaper</i> Use Third Date / /	DIAGNOSIS (If Chg'd)    <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Morton, Morlon # 225145 D.O.B. 2/17/70 ALLERGIES: NKDA <i>Diaper</i> Use Second Date 08/17/04	DIAGNOSIS (If Chg'd) no prolonged standing > 20 mins X180d v/o D. McArthur P-A <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Martin, Morton # 225145 D.O.B. 2/17/70 ALLERGIES: NKDA <i>Diaper</i> Use First Date 7/13/04	DIAGNOSIS no prolonged standing greater than 30 mins dems Order taken off 7/27/04 E. Ellis MD <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



## PHYSICIANS' ORDERS

NAME: Martin Marlon 225145	DIAGNOSIS (If Chg'd) ① scheduled Appt in HCU for eval of knee Abnormal MRI Appt 7/23/04 J. Kelly
D.O.B. 2/17/70	
ALLERGIES: NKA	
Use Last Date 7/14/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: (Martin) Marlon # 225145 Draper	DIAGNOSIS (If Chg'd) RT knee Ac L for per Dr. Chung MRX RT knee Vm done E. Ellis 6/16/04
D.O.B. 2/17/70	
ALLERGIES: NKA	
Use Fourth Date 6/16/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Martin Marlon	DIAGNOSIS HCU visit @ knee done LAV reported crepitus
D.O.B. 2/17/70	
ALLERGIES: NKA	
Use First Date 2/17/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY





## PHYSICIANS' ORDERS

NAME: <i>Martin Marlon</i> <i>Draper 225145</i> D.O.B. <i>12/17/70</i> ALLERGIES: <i>NHNA</i> Use Last Date <i>5/11/04</i>	DIAGNOSIS (If Chg'd) <i>HCU visit Procedure for</i> <i>knee injection</i> <i>appt. 5/19/04</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>JM/Plum</i>
NAME: <i>Martin Marlon</i> <i>Draper 225145</i> D.O.B. <i>12/17/70</i> ALLERGIES: <i>NHNA</i> Use Fourth Date <i>5/10/04</i> <i>noted</i>	DIAGNOSIS (If Chg'd) <i>No prolonged standing &gt; 20 min x 6 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>JM/Plum</i>
NAME: <i>Martin Marlon</i> <i>Draper 225145</i> D.O.B. <i>12/17/70</i> ALLERGIES: <i>NHNA</i> Use Third Date <i>5/10/04</i>	DIAGNOSIS (If Chg'd) <i>Inform that request for MRI</i> <i>is pending</i> <i>Have Mr Ellis status of UM</i> <i>Naproxen 375 T BID x 14 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>JM/Plum</i>
NAME: <i>Martin Marlon</i> <i>225145 Draper</i> D.O.B. <i>12/17/70</i> ALLERGIES: <i>NHNA</i> Use Second Date <i>4/20/04</i>	DIAGNOSIS (If Chg'd) <i>UM for MRI</i> <i>4/20/04 4:35 pm</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>JM/Plum</i>
NAME: <i>Martin Marlon</i> <i>Draper 225145</i> D.O.B. <i>12/17/70</i> ALLERGIES: <i>NHNA</i> Use First Date <i>2/20/04</i> <i>noted</i>	DIAGNOSIS <i>Knee Brace</i> <i>Naproxen 375mg T BID x 14 days</i> <i>XRay R knee</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>JM/Plum</i>

MEDICAL RECORDS COPY



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Martin, Marlon	/ /
3/21/05 8:45	In MOC awaiting to see HCP re: eval(R) knee wt 167 116/84 P-116 R-20 02sat 97% T-97° — 24hgt w Return from Dr Chung FWA See Dr. Chung's note. R/U c Dr. Chung in 3 weeks. UM submitted Will attempt to obtain hinged knee brace for inmate. Profile for no work on wet/slippy surfaces DMHua	
8/12/05 2:00 pm	Back from FWA. T 97.2, p 60, R 18, Sat 98% wt. 163 lbs. ————— / 8/8/05 RT	
9/19/05	Return from FWA Dr. Chung. Note reviewed - Return to Dr. Chung FWA DMHua	
12/9/05	207 HCP re: ✓ ft s. my feet really hurt, w/er since have surgery on my knee a walking, irregular gait, wearing slides and socks pulls feet, both, back when I try to examine hips. Overly sensitive. Pulses 2+ equal, cap refill less than 3 sec. Still wearing knee brace. Feet & redness broken open, blisters or other abnormalities	

Date/Time	Inmate's Name:	D.O.B.:
12/6/05	Masko, Marlon 225/43	1 1
4/15/06	<p>12/6/05 con A 5/p knee surgery = 148g</p> <p>P- Wear out of knee brace; will give shoe. Ankle, may have shoes, but not medically necessary.</p> <p>E- Exercises to strengthen knee. Wear off knee brace</p> <p>Plaster (R)</p> <p>209/CP re Eval 3/30/06 sick call</p> <p>⑤ For sick call visit for c/o generalized muscle spasm and stiffness in my lower back. Upson says does not help. I have heel flexion and it works. The stiffness start in my back radiates into my arms &amp; fingers. This has been occurring for approx 1 year. Pt c/o surgery on his R knee 10 years ago &amp; states he collapsed because of the bad knee. "One officer felt he may have had a stroke in the past"</p> <p>PMH @ACL - report</p> <p>⑥ Kramm HTR, DM, &amp; Andy</p> <p>⑦ Rht NAD then black M</p> <p>Pt appears drag R leg with very unstable gait</p> <p>Numb PERMA Emis what</p> <p>Neck supple</p> <p>HT 8 mg</p> <p>Good hand grip - <del>but</del> R bilt - no swelling</p> <p>Knee 5 exerting <del>but</del> but c/o stiffness</p> <p>⑧ knee top c/o strength on flexion &amp; extension against resistance</p> <p>but 5 exert</p> <p>⑨ M. Mermalize stiffness &amp; ? muscle spasm</p> <p>⑩ Unstable R knee ? 2nd ACL repair</p>	



## PROGRESS NOTES

Date/Time	Inmate's Name: Martin, Marlon 225145	D.O.B.: 1 1
5/25/06	204/CPN: J/L	
	⑤ F/O visit to pt c/o wt loss, & persistent stiffness in lower back making it difficult to ambulate;	
* No h/o head injury	<ul style="list-style-type: none"> <li>- TOW @ ACL playing basketball 2002</li> <li>- Came to prison 2002</li> <li>- @ ACL surgery 2004 (knee gave out)</li> </ul>	
	At Stokes while sleeping up in Chow hall my R knee gave out 10 months ago.	
	* Pt slipped in bathroom on wet floor to same point in R back & radiating into leg	
	- Seen by Tr. Ching who felt that ACL repair was good - Also confirmed by MRI of knee	
	- Pt started Hot Water Shower to back which caused collapse 4'2" 3 legs stood alone	
	① Unsteady gait Neuro intact	
	Low Back - mild muscle if any	
	St. leg ②	R knee fair to NE atrophy
		except? When walking E pt demonstrates problem & needs
	④ Unsteady Gait	
	⑤ Back pain & muscle spasms	
	⑥ S/P @ ACL repair (MRI suggest Satisfactory repair 5/05)	
	R knee order	
	⑦ Robot in Bldg 4 7 days intermittently	

[illegible]

Facility: Staton Correctional Facility

Patient Name:

Martin Maeton

NKN

Inmate Number:

225140

Date of Birth:

12/17/70

Date of Report:

4/24/06

Time Seen:

6:00

AM/PM

Circle One

**Subjective:** Chief Complaint(s): N/V, lightheadness, gait, tight muscles both armsOnset: Started last evening p taking first Baclophen

History:

(Continue on back if necessary)

Picked-up KOP (Baclophen 20mg) last evening and shortly p first tab started lightheadness. Muscle

Vomiting:

☐ No☒ Yes(Number of times: x3)

Associated symptoms:

Abdominal pain

☒ No☐ Yes

(If yes, Pain Scale: (1-10) \_\_\_\_\_)

Blood in emesis

☒ No☐ Yes

Other: \_\_\_\_\_

Tightness p 2nd tab

Last Meal: Time:

4:00 pm

Food Type:

Roll, meat patty, corn, potatoes, cake

Additional History: Excessive Alcohol Use?

☒ No☐ Yes

History of Pancreatitis?

☒ No☐ Yes

History of Gallstones?

☒ No☐ Yes

Last Menstrual Period (LMP) if applicable: \_\_\_\_\_

**Objective:** Vital Signs: (If Indicated) T: 97.5 P: 70 RR: 20 B/P: 118/74 Q/S 97

General appearance:

☐ No acute distress☒ Acute distress☐ Unable to stand erect☐ Pallor

Skin:

☒ Warm☐ Dry☐ Cool☐ Moist/Clammy

Color:

☒ Normal☐ Jaundiced☐ Other: \_\_\_\_\_

Mucous Membranes:

☒ Moist☐ Dry**ABDOMINAL EXAM**

Bowel sounds:

☐ Present☐ Decreased☒ Absent

Abdomen:

☒ Soft☐ Guarding☐ Distended☒ Non-Tender☐ Tender

Location

Pain induced/increased with: Walking ☐ No ☐ YesPain induced/increased with: Gentle abdominal palpation ☐ No ☐ Yes☒ Additional Examination:

(Continue on back if necessary)

Walked & gait. Vomited showed food content  
Requests to be held in MOU☐ Check Here if continued on back**Assessment: (Referral Status)**☐ Referral NOT Required

Preliminary Determination(s): \_\_\_\_\_

☒ Referral Required due to the following: (Check all that apply)☐ Presence of any suspicious cardiac symptomology☐ Cardiac history☐ Recurrent Complaint (More than 2 visits)☐ Abnormal Abdominal examination☐ History of recent illicit drug use☒ Other (Describe): light headed.**Comments:** An emergent referral is generally not needed if: (1) Vital signs WNL, (2) No blood in emesis, (3) No signs of dehydration. You should contact a physician or nursing supervisor if you have any questions about the status of the patient.**Plan:**

Check All That Apply:

☐ Instructions to return in 6 hours if condition worsens, or in 24 hours if no improvement☐ Clear-liquid diet X 24 hours☐ Education: The Patient was educated regarding the signs and symptoms for which they should seek immediate medical attention (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) The patient demonstrates understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ OTC Meds given: ☐ Maalox 30cc PO QID x 3 days unless contraindicated.☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☐ YES (If Yes, Whom/Where):VO: 1 TO MOU < 23PHENEBARON 25mg IM 1x

Date of referral: \_\_\_\_\_

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

X

Nurses Signature: [Signature]

Name:

Printed

C. L. [Signature]



(FRI) APR 28 2006 14:54/ST. 14:48/NO. 6312281287 P 14

HGX

HEALTHCARE CORRECTIONS  
RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: State

Name: Martin, Mark  
State ID No.: 225195  
DOB: 12/17/70  
Race: B Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>Resant</u>	Date of request <u>4/19/06</u>	Time of request <u>1030</u>	Room	Priority	Transportation or special needs
---------------------------------------------	-----------------------------------	--------------------------------	------	----------	---------------------------------

HISTORY/DIAGNOSIS:

Joint Pain

X-RAY REQUEST	
ABDOMEN/KUB	FINGERS
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT
ANKLE	HAND
CERVICAL SPINE	HIP <u>BOTH</u>
CHEST PA / LATERAL	HUMERUS
COCCYX	KNEE <u>BOTH</u>
CONE DOWN BELL A TURCCA	LUMBAR SPINE
ELBOW	MANDIBLE
FACIAL BONES	MAXILLA
FEMUR	NASAL BONES
	NAVICULAR VIEW
	ORBITS
	OS CALCIS (HEEL)
	PELVIS
	RADIUS/ULNA
	RIBS
	SACRO-ILIAC JOINTS
	SCAPULA
	SHOULDER
	SKULL
	SOFT TISSUE STUDIES
	STERNUM
	TEMPO-MANDIBULAR JOINTS
	THORACIC SPINE
	TIBIA/FIBULA
	TOEY
	WRIST
	ZYGOOMA
	ZYGOOMATIC ARCH

THORACIC SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.  
IMPRESSION: NORMAL STUDY.

LUMBAR SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.  
IMPRESSION: NORMAL STUDY.

PELVIS AND BILATERAL HIPS: The examination shows no evidence of recent fracture or other significant bony abnormality.  
IMPRESSION: NEGATIVE STUDY.

LEFT KNEE: Joint space is maintained. There is mild spurring noted along the superior aspect of the patella. There is localized bony density within the proximal tibia, probably representing a small bone island. No arthritic changes are apparent. There is no evidence of fracture.  
IMPRESSION: MILD LOCALIZED PATELLA SPURRING.

RIGHT KNEE: Screw is in place in the distal femur and a 2<sup>nd</sup> the proximal tibia. Findings are felt to be secondary to previous ligamentous repair. Joint space is maintained. There is no evidence of recent fracture or dislocation. No significant change is apparent when compared to the study of 03-15-05.

D & T: 04-28-06 Thomas J. Payne, III, M.D./r Board Certified Radiologist (Signature on file)

Kerhet  
RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

RADIOLOGIST'S SIGNATURE

4-26-06  
DATE, TIME EXAM PERFORMED

DATE SIGNED

SERVICES REQUEST AND REPORT

DATE OF REQUEST

DOB

Race

Sex

LOCATION

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/Ref

Date of request

Time of request

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

Pain in Hip

X-RAY REQUEST

ABDOMEN/PELVIS	FINGERS	RAY/VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (MOUTH WEIGHT)	FOOT	OBlique	STERNUM
ANKLE	HAND	BS CALCS (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	TOE	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	WAGELUS	RADIOCUBA	THORACIC
COCKLE	KNEE	EAR	TOES
ONE DOWN BELLA TUBOSA	LUMBAR SPINE	TACROMELIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZIPPOKA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOCLAVIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

Mc Miller

RIGHT HIP: The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NO BONY ABNORMALITY IS DETECTED. HOWEVER, IF SYMPTOMS PERSIST A FOLLOW UP EXAMINATION IS RECOMMENDED.

LUMBAR SPINE: The vertebrae are well aligned. The examination shows scattered mild degenerative and hypertrophic changes. There are no other significant findings.

IMPRESSION: MILD DEGENERATIVE CHANGES.

D & T 11-03-05 Maurice H. Rowell/r Board Certified Radiologist (Signature on File)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED



Date: 08/12/05  
Patient: Martin, Marlan  
DOB: 12/17/70  
Physician: McArthur ( Staton Prision)  
Tech: Michael Harris RT (R) (CT)  
Chart #: S081205-9  
Tape:  
Indication: Pain.

SCAN: MRI of the right knee.

**TECHNIQUE:** Multiplanar MR imaging performed through the right knee.

**FINDINGS:** Prior ACL repair seen. The cruciate ligament appears unremarkable. The medial and lateral menisci show no focal articular surface tear. Patella tendon appears unremarkable. Medial and lateral collateral ligaments are within normal limits. No abnormal marrow signal within normal limits without evidence of edema or fracture. Patella hylan cartilage appears normal.

**IMPRESSION:** Satisfactory post ACL repair.

Thank you for this patient referral.



Ross Barnett, MD

RB/jr  
D: 08/12/05  
T: 08/15/05

7094 University Court • Montgomery, AL 36117

(334) 271-OPEN (6736) • Office: (334) 271-1345 • Fax: (334) 271-1342



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**Date:** 08/12/05  
**Patient:** Martin, Marlan  
**DOB:** 12/17/70  
**Physician:** McArthur ( Staton Prision)  
**Tech:** Michael Harris RT (R) (CT)  
**Chart #:** S081205-9  
**Tape:**  
**Indication:** Pain.

**SCAN:** MRI of the right knee.

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**FINDINGS:** Prior ACL repair seen. The cruciate ligament appears unremarkable. The medial and lateral menisci show no focal articular surface tear. Patella tendon appears unremarkable. Medial and lateral collateral ligaments are within normal limits. No abnormal marrow signal within normal limits without evidence of edema or fracture. Patella hylan cartilage appears normal.

**IMPRESSION:** Satisfactory post ACL repair.

Thank you for this patient referral.



Ross Barnett, MD

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D: 08/12/05  
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RADIOLOGY SERVICES REQUEST AND REPORT

State ID No: 000114

DOB 12/11/70

Race: B Sex: M

INSTITUTION: Staton

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

Williams

Date of request

1/23/05

Time of request

0700

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

s/p (R) knee surgery

ABDOMEN/KID

ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)

ANCKE

CERVICAL SPINE

CHEST PA / LATERAL

CLAVICLE

CONEDOWN BELLATURCICA

ELBOW

FACIAL BONES

FEMUR

FINGER

FOOT

HAND

HIP

HUMERUS

INDEX (R)

LUMBAR SPINE

MANDIBLE

MAXILLA

NASAL BONES

X-RAY REQUEST

MAXILLARY VIEW

ORBIT

OS CALCI (HEEL)

PELVIS

RADIOMMIA

SPINE

SACRO-ILIAC JOINTS

SCAPULA

SHOULDER

SKULL

SOFT TISSUE STUDIES

STERNUM

TEMPORO-MANDIBULAR JOINTS

THORACIC SPINE

TISSUE

TOE

WREST

ZYGOMA

ZYGOMATIC ARCH

REPORT

Martin

RIGHT KNEE: Post-surgical changes are noted. Surgical screws in the distal clavicle and proximal tibia are felt to be related to ligamentous repair. No destructive lesions are visualized. There is no evidence of recent fracture.

IMPRESSION: POST-SURGICAL CHANGES, RIGHT KNEE.

D & T: 01-04-05 Thomas J. Payne, III, M.D./r Board Certified Radiologist (Signature on file)

2815-5

J. Kerbetz

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

1-2-04

DATE, TIME EXAM PERFORMED

DATE SIGNED

FROM CAHABA IMAGING

(TUE) OCT 19 2004 12:01/ST. 12:46/NO. 6312281319 P 7

HCX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: DaperName: Martin MartinState ID No: 225145 -DOB: 12/17/70Race: BSex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>William</u>	Date of request <u>10/14/04</u>	Time of request	Routine	Priority	Transportation or special needs
HISTORY/DIAGNOSIS: <u>s/p ACL repair (R) knee</u>					

X-RAY REQUEST			
ABDOMEN/KUB		FINGERS	NAVICULAR VIEW
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)		FOOT	ORBITS
ANKLE		HAND	OS CALCEI (HEEL)
CERVICAL SPINE		HIP	PELVIS
CHEST PA / LATERAL		HUMERUS	RADIUS/ULNA
COCCYX	X	KNEE (R)	RIBS
CONE DOWN SELLA TURCICA		LUMBAR SPINE	SACRO-ILIAC JOINTS
ELBOW		MANDIBLE	SCAPULA
FACIAL BONES		MAXILLA	SHOULDER
FEMUR		NASAL BONES	SKULL
			SOFT TISSUE STUDIES
			STERNUM
			TEMPORO-MANDIBULAR JOINTS
			THORACIC SPINE
			TIBIA/FIBULA
			TOES
			WRIST
			ZYGOMA
			ZYGO-MATIC ARCH

Martin

REPORT

RIGHT KNEE: There are post-surgical changes. Surgical screws are seen in the intercondylar area of the femur and in the area of the anterior tibial tubercle. Surgical clips are seen anterior to the patella. There are no other significant findings.

IMPRESSION: POST-SURGICAL CHANGES.

D &amp; T: 10-18-04 Howard P. Schiele, M.D./r Board Certified Radiologist (Signature on file)

10/20/04

J Kerbetz

X-RAY TECHNOLOGIST'S NAME (PRINT)

J Kerbetz RT

X-RAY TECHNOLOGIST'S SIGNATURE

10-15-04

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED



## Radiology Services Report

**NAME:** MARTIN, MARLON  
**FACILITY:** DRAPER  
**D.O.B.:** 12/17/70  
**ID NUMBER:** 225145

RIGHT KNEE TWO VIEWS 06/14/04

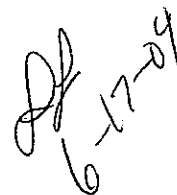
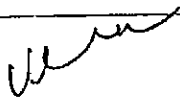
COMPARISON IS MADE TO PRIOR EXAM DATED 02/25/04.

**FINDINGS:** The bone mineral density is normal. There is no evidence of fracture, subluxation, knee joint effusion or other acute process. The joint spaces are well preserved. The patella is in normal position.

**IMPRESSION:** Normal knee.

William B. Abbott, MD

---



Feb 26 04 03:12p

## Radiology Services Report

NAME: MARTIN, MARLON  
FACILITY: DRAPER  
D.O.B.: 12/17/70  
ID NUMBER: 225145

RIGHT KNEE TWO VIEWS 02/25/04

FINDINGS: The bone mineral density is normal. There is no evidence of fracture or subluxation., knee joint effusion or other acute process. The joint spaces are well maintained. The patella is in normal position.

IMPRESSION: Normal knce.

RP  
Randall W. Finley, MD

RP

Imeant  
3/15/04

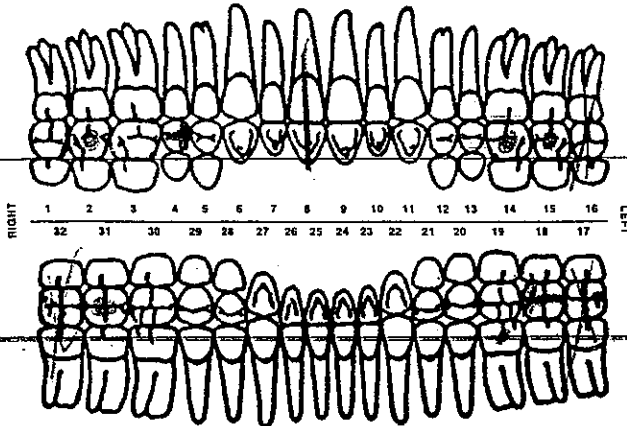


## DEPARTMENT OF CORRECTIONS

## MENTAL HEALTH SERVICES

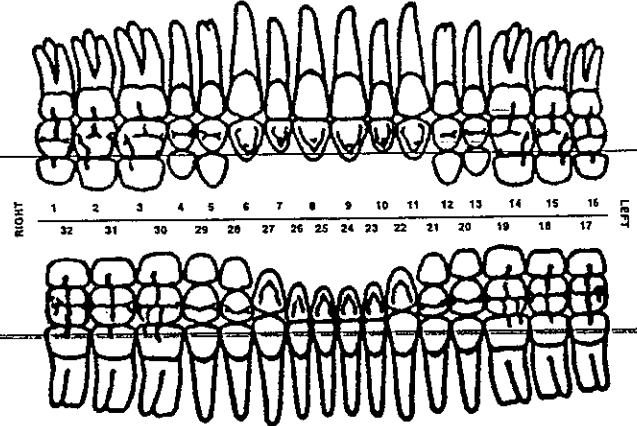
## DENTAL RECORD

## DENTAL EXAMINATION



Date of Initial Examination

## RESTORATIONS AND TREATMENTS



Initial Classification

Oral Pathology ..... Gingivitis  
 Vincent's Infection  
 Stomatitis  
 Other Findings

Occlusion

Roentgenograms ..... Periapical  
 Bitewing  
 Other

*Flipper partial*

## Health Questionnaire

YES

NO

- ☐ ☒ Rheumatic Fever  
☐ ☒ Allergy (Novocaine, penicillin, etc.)  
☐ ☒ Present Medication  
☐ ☒ Epilepsy  
☐ ☒ Asthma  
☐ ☒ Diabetes  
☐ ☒ HIV

YES

NO

- ☐ ☒ V.D.  
☐ ☒ Hepatitis  
☐ ☒ Anemia or Bleeding Problems  
☒ ☐ Heart Disease *Heart Murmur*  
☐ ☒ High Blood Pressure *9/04*  
☐ ☒ Kidney Disease  
☒ ☒ Other Disease - *Unconstructive Knee Surgery*

## SERVICES RENDERED

Date	Tooth #	DX	TX	Initials	Class
2/9/05			<i>RT Exam</i>	<i>BM</i>	

INMATE NAME (LAST, FIRST, MIDDLE)

*Martin, Marlon*

DOC#

*225145*

DOB

R/S

*BM*

FAC.

*SCC*

# Dental Treatment Rec

Name:

MARTIN, MARLON

ID #:

225145

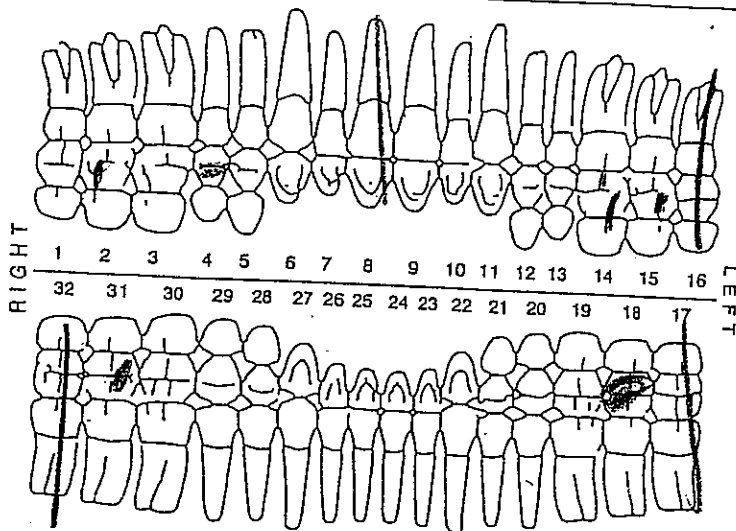
Race:

PO

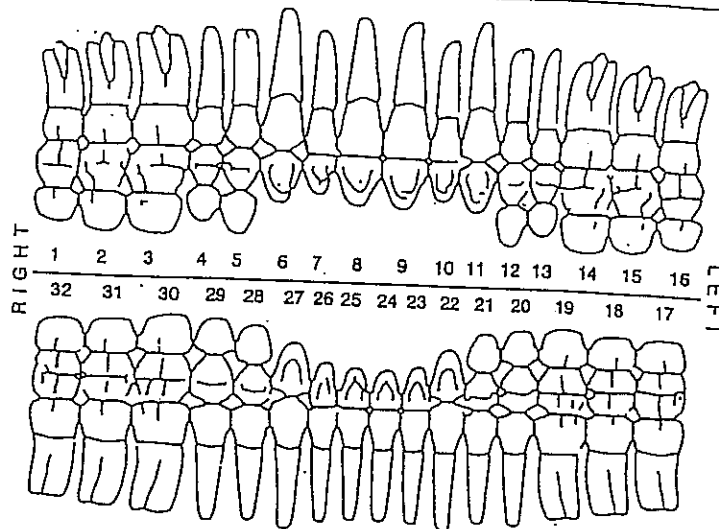
DOB:

12-17-70

## Dental Examination



## Restoration and Treatments



Date of Initial Examination: 12/11/02

Initial Classification:

Oral Pathology:

Gingivitis

Vincent's Infection

Stomatitis

Other Findings

Occlusion

Roentgenograms:

Periapical

Bitewing

Panorex

Tooth

Priority List

T=

G=

F/

OHI/GIVEN

## Health Questionnaire

Are you in good health?

☒ Yes ☐ No

Allergies

☐ Yes ☐ No

Anemia

☐ Yes ☐ No

Asthma or other respiratory problems

☐ Yes ☐ No

High blood pressure conditions

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Epilepsy

☐ Yes ☐ No

Excessive bleeding after surgery

☐ Yes ☐ No

Fainting

☐ Yes ☐ No

Pregnant?

☐ Yes ☐ No

Tuberculosis

☐ Yes ☐ No

Acquired Immune Deficiency (AIDS/HIV)?

☐ Yes ☒ No

Gastrointestinal disorders

☐ Yes ☒ No

Glaucoma

☐ Yes ☒ No

Heart disease or murmur

☐ Yes ☒ No

Hepatitis

☐ Yes ☒ No

Kidney problems

☐ Yes ☒ No

Reactions to anesthesia or medications

☐ Yes ☒ No

Rheumatic fever

☐ Yes ☒ No

Taking any medication

☐ Yes ☒ No

Thyroid conditions

☐ Yes ☒ No

Other conditions

☐ Yes ☒ No

Dental Treatment Record



LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
130-205-5295-0	S	MB	PARTIAL	1

#### ADDITIONAL INFORMATION

SCC	FASTING: Y DOB: 12/17/1970				
PATIENT NAME MARTIN, MARLON	SEX M	AGE(YR./MOS.) 35 / 4			
PT. ADD.:					
DATE OF COLLECTION TIME 5/10/2006 11:34	DATE RECEIVED 5/10/2006	DATE REPORTED 5/11/2006	TIME 8:32		4877

#### CLINICAL INFORMATION

CD- 41147610461

PHYSICIAN ID.	PATIENT ID.
WILLIAMS W	225145
ACCOUNT: Staton Correctional Facility Prison Health Services 2690 Marion Spillway Road Elmore AL 36205-0000 ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Request Problem

MB

Quantity was not sufficient for analysis.

TEST: 321871 CBC, Platelet Ct, and Diff

Panel: 048827

LAB: MB LabCorp Birmingham

DIRECTOR: John Elgin N MD

1801 First Avenue South, Birmingham, AL 35233-0000

Pat Name: MARTIN, MARLON	Pat ID: 225145	Spec #: 130-205-5295-0	Seq #: 4877
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

<b>SPECIMEN</b> 130-205-5295-0	<b>TYPE</b> S	<b>PRIMARY LAB</b> MB	<b>REPORT STATUS</b> COMPLETE	<b>Page #:</b> 1
<b>ADDITIONAL INFORMATION</b>				
SCC FASTING: Y DOB: 12/17/1970				
<b>PATIENT NAME</b> MARTIN, MARLON		<b>SEX</b> M	<b>AGE(YR./MOS.)</b> 35 / 4	
<b>PT. ADD.:</b>				
<b>DATE OF COLLECTION TIME</b> 5/10/2006 11:34	<b>DATE RECEIVED</b> 5/10/2006	<b>DATE REPORTED</b> 5/11/2006	<b>TIME</b> 14:17	<b>4884</b>
<b>TEST RESULT LIMITS LAB</b>				

<b>CLINICAL INFORMATION</b> CD- 41147610461	
<b>PHYSICIAN ID.</b> WILLIAMS W	<b>PATIENT ID.</b> 225145
<b>ACCOUNT:</b> Staton Correctional Facility Prison Health Services 2690 Marion Spillway Road Elmore AL 36205-0000	
<b>ACCOUNT NUMBER:</b> 01308900	

Uric A+ANA+RA Qn+CRP+ASO

Uric Acid, Serum	3.7	mg/dL	2.4 - 8.2	MB
Antistreptolysin O Ab	123.5	IU/mL	0.0 - 200.0	MB
C-Reactive Protein, Quant	<0.3	mg/L	0.0 - 4.9	MB
RA Latex Turbid.	<7.0	IU/mL	0.0 - 13.9	MB
Antinuclear Antibodies Direct	24	U/mL	0 - 99	MB
			Negative <100	
			Equivocal 100 - 120	
			Positive >120	

CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries

Glucose, Serum	79	mg/dL	65 - 99	MB
BUN	14	mg/dL	5 - 26	MB
Creatinine, Serum	1.0	mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	14		8 - 27	
Sodium, Serum	144	mmol/L	135 - 148	MB
Potassium, Serum	4.4	mmol/L	3.5 - 5.5	MB
Chloride, Serum	103	mmol/L	96 - 109	MB
Calcium, Serum	10.3	mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	4.2	mg/dL	2.5 - 4.5	MB

>	Protein, Total, Serum	8.7H	g/dL	6.0 - 8.5	MB
	Albumin, Serum	4.7	g/dL	3.5 - 5.5	MB
	Globulin, Total	4.0	g/dL	1.5 - 4.5	
	A/G Ratio	1.2		1.1 - 2.5	
	Bilirubin, Total	0.5	mg/dL	0.1 - 1.2	MB
	Alkaline Phosphatase, Serum	107	IU/L	25 - 150	MB
	LDH	168	IU/L	100 - 250	MB
	AST (SGOT)	20	IU/L	0 - 40	MB
	ALT (SGPT)	17	IU/L	0 - 55	MB
	GGT	32	IU/L	0 - 65	MB
	Iron, Serum	101	ug/dL	40 - 155	MB

Lipids

Cholesterol, Total	160	mg/dL	100 - 199	MB
Triglycerides	40	mg/dL	0 - 149	MB

>	HDL Cholesterol	62 H	mg/dL	40 - 59	MB
---	-----------------	------	-------	---------	----

Comment

HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.

VLDL Cholesterol Cal 8 mg/dL 5 - 40

Pat Name: MARTIN, MARLON	Pat ID: 225145	Spec #: 130-205-5295-0	Seq #: 4884
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page





LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

SPECIMEN 130-205-5295-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				
SCC		FASTING: Y DOB: 12/17/1970		
PATIENT NAME MARTIN, MARLON		SEX M	AGE(YR./MOS.) 35 / 4	
PT. ADD.:				
DATE OF COLLECTION TIME 5/10/2006 11:34	DATE RECEIVED 5/10/2006	DATE REPORTED 5/11/2006	TIME 14:17	4884

CLINICAL INFORMATION CD- 41147610461	
PHYSICIAN ID. WILLIAMS W	PATIENT ID. 225145
ACCOUNT: Staton Correctional Facility Prison Health Services 2690 Marion Spillway Road Elmore AL 36205-0000	
ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
LDL Cholesterol Calc	90 mg/dL	0 - 99	
T. Chol/HDL Ratio	2.6 ratio units	0.0 - 5.0	
Estimated CHD Risk	< 0.5 times avg.	0.0 - 1.0	
	T. Chol/HDL Ratio		
		Men Women	
	1/2 Avg.Risk	3.4 3.3	
	Avg.Risk	5.0 4.4	
	2X Avg.Risk	9.6 7.1	
	3X Avg.Risk	23.4 11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				MB
TSH	1.445	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	8.8	ug/dL	4.5 - 12.0	MB
T3 Uptake	32	%	24 - 39	MB
Free Thyroxine Index	2.8		1.2 - 4.9	

Request Problem

Quantity was not sufficient for analysis.

TEST: 321871 CBC, Platelet Ct, and Diff

Panel: 048827

LAB: MB LabCorp Birmingham 1801 First Avenue South, Birmingham, AL 35233-0000	DIRECTOR: John Elgin N MD
----------------------------------------------------------------------------------	---------------------------

Pat Name: MARTIN, MARLON	Pat ID: 225145	Spec #: 130-205-5295-0	Seq #: 4884
--------------------------	----------------	------------------------	-------------

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

KILBY CORRECTIONAL FACILITY  
PO BOX 11  
MT. MEIGS, AL 36057

PATIENT NAME

Martin, Marlon

PRISON ID

225145

DATE SUBMITTED

2-18-05

SCC 65

TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR	NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
pH		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

"A" These results are unreliable due to the age of the specimen.

"H" These results are unreliable due to the hemolyzed condition of the specimen.

"A+H" These results are unreliable due to the age and hemolyzed condition of the specimen.

3-15-05  
J



# Laboratory Corporation of America

SPECIMEN TYPE PRIMARY LAB REPORT STATUS  
258-205-5191-0 S MB COMPLETE Page #: 1

## ADDITIONAL INFORMATION

DCC

FASTING: Y  
DOB: 12/17/1970

## CLINICAL INFORMATION

CD- 41147603486

PATIENT NAME

SEX

AGE(YR./MOS.)

PHYSICIAN ID.

PATIENT ID.

MARTIN, MARLON

M

33 / 8

WILLIAMS W

225145

PT. ADD.:

ACCOUNT: STATON CORRECTIONAL FACILITY

PRISON HEALTH SERVICES

2690 Marion Spillway Road

Elmore

AL 36205-0000

ACCOUNT NUMBER: 01308900

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
9/14/2004	9:00	9/14/2004	9/15/2004	7:54 3510

## TEST

## RESULT

## LIMITS

## LAB

### CBC With Differential/Platelet

White Blood Cell (WBC) Count	4.7	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.67	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	15.1	g/dL	12.5 - 17.0	MB
Hematocrit	42.7	%	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	32.4	pg	27.0 - 34.0	MB
MCHC	35.4	g/dL	32.0 - 36.0	MB
RDW	13.0	%	11.7 - 15.0	MB
Platelets	190	x10E3/uL	140 - 415	MB
Neutrophils	48	%	40 - 74	MB
Lymphs	40	%	14 - 46	MB
Monocytes	8	%	4 - 13	MB
Eos	3	%	0 - 7	MB
Basos	1	%	0 - 3	MB
Neutrophils (Absolute)	2.3	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.9	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.4	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.1	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000

9/15/04  
(u)



# Laboratory Corporation of America

SPECIMEN 258-205-5191-0 TYPE R PRIMARY LAB MB REPORT STATUS COMPLETE Page #: 1

## ADDITIONAL INFORMATION

DCC

FASTING: Y  
DOB: 12/17/1970

PATIENT NAME MARTIN, MARLON SEX M AGE(YR./MOS.) 33 / 8

PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
9/14/2004	9:00	9/14/2004	9/15/2004	7:54 3510

## CLINICAL INFORMATION

CD- 41147603486

PHYSICIAN ID. WILLIAMS W PATIENT ID. 225145

ACCOUNT: STATON CORRECTIONAL FACILITY  
PRISON HEALTH SERVICES  
2690 Marion Spillway Road  
Elmore AL 36205-0000

ACCOUNT NUMBER: 01308900

TEST	RESULT	LIMITS	LAB
CBC With Differential/Platelet			
White Blood Cell (WBC) Count	4.7 x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.67 x10E6/uL	4.10 - 5.60	MB
Hemoglobin	15.1 g/dL	12.5 - 17.0	MB
Hematocrit	42.7 %	36.0 - 50.0	MB
MCV	91 fL	80 - 98	MB
MCH	32.4 pg	27.0 - 34.0	MB
MCHC	35.4 g/dL	32.0 - 36.0	MB
RDW	13.0 %	11.7 - 15.0	MB
Platelets	190 x10E3/uL	140 - 415	MB
Neutrophils	48 %	40 - 74	MB
Lymphs	40 %	14 - 46	MB
Monocytes	8 %	4 - 13	MB
Eos	3 %	0 - 7	MB
Basos	1 %	0 - 3	MB
Neutrophils (Absolute)	2.3 x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.9 x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.4 x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.1 x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0 x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: Arthur Kelly G MD

9/27/04

9-17-04

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

## LABORATORY REPORT

7186920 AREA/ROUTE/STOP: QBHM000  
 DRAPER CORRECTIONAL FACILITY  
 2690 MARION SPILLWAY RD  
 ELMORE, AL 36025-9900



PATIENT NAME <b>MARTIN, MARLON</b>		PATIENT ID <b>225145</b>		ROOM NO.	AGE <b>32</b>	SEX	PHYSICIAN <b>DRAPER CORRECTIONAL</b>
PAGE <b>1</b>	REQUISITION NO. <b>1879202</b>	ACCESSION NO. <b>AT391435R</b>	LAB REF. #	COLLECTION DATE & TIME <b>10142003 8:10 AM</b>	LOG-IN-DATE <b>10152003</b>	REPORT DATE <b>10152003</b>	& TIME <b>7:58AM</b>

## REMARKS

REFFP HYS DR SONNIER

EASTERN  
TIME

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			

Date of Birth: 12/17/1970

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC  
 950 22ND ST N STE 825  
 BIRMINGHAM, AL 35203-5300

## BASIC METABOLIC PANEL

AT

GLUCOSE	79	MG/DL	65-109
		FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	12	MG/DL	7-25
CREATININE	1.1	MG/DL	0.5-1.4
BUN/CREATININE RATIO	11	(CALC)	6-25
SODIUM	139	MMOL/L	135-146
POTASSIUM	4.4	MMOL/L	3.5-5.3
CHLORIDE	107	MMOL/L	98-110
CARBON DIOXIDE	23	MMOL/L	21-33
CALCIUM	9.6	MG/DL	8.5-10.4

&gt;&gt; END OF REPORT - MARTIN, MARLON AT391435R &lt;&lt;

10-15-03

[Signature]

## LABORATORY REPORT



--

PATIENT NAME			PATIENT ID		ROOM NO.	AGE	SEX	PHYSICIAN	
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME		LOG-IN-DATE		REPORT DATE	& TIME
REMARKS									

REPORT STATUS

TEST

RESULT

IN RANGE

OUT OF RANGE

UNITS

REFERENCE  
RANGESITE  
CODE

20 L

8/20/03



7.86538 AREA/ROUTE/STOP: WNC011  
KILBY CORRECTIONAL FACILITY  
12201 WRES PERRY RD  
MOUNT MEIGS, AL 36057



*Dec*

PATIENT NAME MARTIN, MARLON		PATIENT ID 223145		ROOM NO.	AGE 32	SEX M	PHYSICIAN ROBBINS	
PAGE 1	REQUISITION NO. 3047806	ACCESSION NO. AT278407J	LAB REF. #	COLLECTION DATE & TIME 12132002 11:17		LOG-IN-DATE 12132002		REPORT DATE 12142002
REMARKS				& TIME 5:05AM				

END OF  
LINE

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			

Date of Birth: 12/10/1970

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC  
950 22ND ST N STE 025  
BIRMINGHAM, AL 35203-5300

CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT	5.2	THOUS/MCL	3.5-10.5
RED BLOOD CELL COUNT	4.81	MILL/MCL	4.20-5.80
HEMOGLOBIN	14.9	G/DL	13.2-17.1
HEMATOCRIT	44.5	%	38.5-50.0
MCV	92.4	FL	80.0-100.0
MCH	30.7	PG	27.0-33.0
MCHC	33.2	G/DL	32.0-36.0
RDW	13.3	%	11.0-15.0
PLATELET COUNT	236	THOUS/MCL	140-400
ABSOLUTE NEUTROPHILS	2454	CELLS/MCL	1500-7800
ABSOLUTE LYMPHOCYTES	2241	CELLS/MCL	850-3900
ABSOLUTE MONOCYTES	360	CELLS/MCL	200-950
ABSOLUTE EOSINOPHILS	83	CELLS/MCL	15-500
ABSOLUTE BASOPHILS	42	CELLS/MCL	0-200
NEUTROPHILS	47.2	%	
LYMPHOCYTES	43.1	%	
MONOCYTES	7.3	%	
EOSINOPHILS	1.6	%	
BASOPHILS	0.8	%	

>> END OF REPORT - MARTIN, MARLON AT278407J <<

*seen 1/27*  
*line folder*  
*7/28/03*  
*(M)*

*(P)*

7186920 AREA/ROUTE/STOP: QBHM000  
DRAPER CORRECTIONAL FACILITY  
2690 MARION SPILLWAY RD  
ELMORE, AL 36025-9900



PATIENT NAME <b>MARTIN, MARLON</b>		PATIENT ID <b>225145</b>		ROOM NO.	AGE <b>32</b>	SEX <b>M</b>	PHYSICIAN <b>SONNIER</b>	
PAGE <b>1</b>	REQUISITION NO. <b>2291091</b>	ACCESSION NO. <b>AT679460K</b>	LAB REF. #	COLLECTION DATE & TIME <b>02172003 8:00 AM</b>		LOG-IN-DATE <b>02182003</b>		REPORT DATE & TIME <b>02182003 4:48AM</b>
REMARKS								

EASTERN  
TIME

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			

Date of Birth: 12/17/1970  
A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC  
950 22ND ST N STE 825  
BIRMINGHAM, AL 35203-5300

TSH W/REFLEX TO FT4	1.63	MIU/L	0.40-5.50	AT
---------------------	------	-------	-----------	----

>> END OF REPORT - MARTIN, MARLON AT679460K <<

3-11-03

10

(baw) 4/10/03

## LABORATORY REPORT

7186920 AREA/ROUTE/STOP: QBHM000  
 DRAPER CORRECTIONAL FACILITY  
 2690 MARION SPILLWAY RD  
 ELMORE, AL 36025-9900



PATIENT NAME <b>MARTIN, MARLON</b>		PATIENT ID <b>225145</b>		ROOM NO.	AGE <b>32</b>	SEX <b>M</b>	PHYSICIAN <b>DRAPER CORRECTIONAL</b>	
PAGE <b>1</b>	REQUISITION NO. <b>2291020</b>	ACCESSION NO. <b>AT448047K</b>	LAB REF. #	COLLECTION DATE & TIME <b>02062003 8:10 AM</b>		LOG-IN-DATE <b>02072003</b>	REPORT DATE <b>02072003</b>	& TIME <b>2:20PM</b>
REMARKS								EASTERN TIME

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE		

Date of Birth: 12/17/1970

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC  
 950 22ND ST N STE 025  
 BIRMINGHAM, AL 35203-5300

CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT	4.1		THOUS/MCL	3.8-10.8	
RED BLOOD CELL COUNT	4.44		MILL/MCL	4.20-5.80	
HEMOGLOBIN	13.9		G/DL	13.2-17.1	
HEMATOCRIT	40.5		%	38.5-50.0	
MCV	91.3		FL	80.0-100.0	
MCH	31.2		PG	27.0-33.0	
MCHC	34.2		G/DL	32.0-36.0	
RDW	12.4		%	11.0-15.0	
PLATELET COUNT	230		THOUS/MCL	140-400	
ABSOLUTE NEUTROPHILS	1866		CELLS/MCL	1500-7800	
ABSOLUTE LYMPHOCYTES	1919		CELLS/MCL	850-3900	
ABSOLUTE MONOCYTES		180 L	CELLS/MCL	200-950	
ABSOLUTE EOSINOPHILS	94		CELLS/MCL	15-500	
ABSOLUTE BASOPHILS	41		CELLS/MCL	0-200	
NEUTROPHILS	45.5		%		
LYMPHOCYTES	46.8		%		
MONOCYTES	4.4		%		
EOSINOPHILS	2.3		%		
BASOPHILS	1.0		%		

C-REACTIVE PROTEIN

&lt;0.10

MG/DL

&lt;0.80

AT

&gt;&gt; END OF REPORT - MARTIN, MARLON AT448047K &lt;&lt;

**Baptist Medical Center East**  
**PHYSICIAN'S ORDERS**

Addressograph Plate 1

USE BALL POINT PEN ONLY AND PRESS FIRMLY!!

ALLERGIES

Marlon Martin

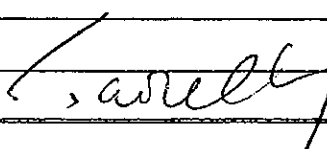
CRT Order # Transcriber Initials/Time	Date/Time Ordered	ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT MAY BE DISPENSED UNLESS CHECKED OR INITIALED	PHYSICIAN'S ORDERS AND SIGNATURE
	8/16/04		
<b>ROUTINE PRE OPERATIVE ORDERS</b>			
DR <u>JM VAUGHN</u>			
Page 1 of 2			
		1	Operative permit for <u>Right knee arthroscopy,</u> <u>anterior cruciate ligament reconstruction,</u> <u>with patellar tendon graft</u>
		2	<p><b>LAB: check appropriate diagnosis</b></p> <p><b>A</b> <input checked="" type="checkbox"/> <b>CBC:</b></p> <p><input type="checkbox"/> Pre op patient [V72 83] <input type="checkbox"/> Abdominal pain</p> <p><input type="checkbox"/> Long term use of medications <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Fever</p> <p><b>B</b> <input type="checkbox"/> <b>TYPE &amp; SCREEN</b></p> <p><b>C</b> <input type="checkbox"/> <b>CHEM 7:</b></p> <p><input type="checkbox"/> Edema <input type="checkbox"/> Nephropathology</p> <p><input type="checkbox"/> Hypertensive disease <input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Long term use of medications <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Diabetic</p> <p><b>D</b> <input type="checkbox"/> <b>PT PTT</b></p> <p><input type="checkbox"/> Known or suspected <input type="checkbox"/> Cirrhosis hepatitis</p> <p><input type="checkbox"/> coagulation abnormality <input type="checkbox"/> CHF</p> <p><input type="checkbox"/> Anticoagulant therapy <input type="checkbox"/> Cardiac dysrhythmia</p> <p><input type="checkbox"/> Hemorrhage or anemia <input type="checkbox"/> Dysfunctional uterine bleeding</p> <p><input type="checkbox"/> Pulmonary congestion <input type="checkbox"/> Menorrhagia</p> <p><input type="checkbox"/> Other</p> <p><b>E</b> <b>DRUG LEVELS: circle appropriate drug</b></p> <p><input type="checkbox"/> Patients taking Digoxin Tegretol Theophylline Dilantin Depakote</p> <p><input type="checkbox"/> Phenobarb</p> <p><input type="checkbox"/> Other</p> <p><b>F</b> <b>URINE PREGNANCY</b></p> <p><input type="checkbox"/> On all menstruating females</p> <p><b>G</b> <b>UA:</b></p> <p><input type="checkbox"/> Diabetic <input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Renal glycosuria <input type="checkbox"/> Dysuria</p> <p><input type="checkbox"/> Dehydration <input type="checkbox"/> Abdominal &amp; pelvic pain</p> <p><input type="checkbox"/> Stress incontinence <input type="checkbox"/> Long term use medication</p> <p><b>H</b> <b>ADDITIONAL LAB TESTS:</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

**Baptist Medical Center East  
PHYSICIAN'S ORDERS**

USE BALL POINT PEN ONLY AND PRESS FIRMLY!!

ALLERGIES

Add esograph Plate 1

CRT Order # Transcriber Initials/Time	Date/Time Ordered	1	ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT MAY BE DISPENSED UNLESS CHECKED OR INITIALED
<b>PHYSICIAN'S ORDERS AND SIGNATURE</b>			
<b>ROUTINE PRE OPERATIVE ORDERS</b>			
DR _____			
Page 2 of 2			
		3	<b>EKG:</b> _____ MVP/murmur or other valve disorder _____ Chest pain discomfort pressure _____ Hypertensive disease _____ Pulmonary congestion & hypostasis (CHF) _____ Electrolyte/fluid abnormality _____ Tachycardia/palpitation _____ Ischemic heart disease (hx MI) _____ Dizziness _____ Other
		4	<b>CHEST XRAY:</b> _____ Existing pulmonary disease (asthma COPD etc ) _____ Specify _____ _____ Existing cardiac disease (hypertension CHF etc ) _____ Internal injury _____ Fever _____ Cough _____ Disorders of bone & cartilage (arthritis) _____ Other
		5	Antibiotic: _____
		6	NPO after midnight
		7	<input type="checkbox"/> TED or <input type="checkbox"/> SCD hose prior to surgery
		8	Other Orders _____ _____ _____
		9	Anesthesia Consult <input type="checkbox"/> YES <input type="checkbox"/> NO
			Signature 

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	Martin, Marlon	<b>Inmate Number:</b>	225145MA
<b>Service Authorized:</b>	Office Visits: Op Surgical Followup Referral	<b>Effective Dates:</b>	07/22/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	14004434	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time



## UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible  
AFTER RMD approval, fax to XXX XXX-XXXX. You must Type or Print.

PHS

## DEMOGRAPHICS

Site Name &amp; Number:

Station 843

Inmate #

225/45

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Patient Name: (Last, First)

Martin, Marlon

Alias: (Last, First)

Date: (mm/dd/yy)

07-19-04

Date of Birth: (mm/dd/yy)

12-17-70

PHS Custody Date

11/04

Potential Release Date

12/20/06 EOS

☒ Male☐ Female

Will there be a charge for this Visit?

☒ Yes☐ No

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare and Medicaid Replacement)☐ Other, be specific (Excludes Medicare and Medicaid):

## CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

DR. WILLIAMS

Facility Medical Director Signature and Date:

[Signature]

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Dialysis (DA)☐ Outpatient Surgery (OS)☐ Scheduled Admission (SA)☐ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ (Radiation, Chemotherapy)

Number of Visits/Treatments

Type of Consultation, Treatment, Procedure or Surgery:

Dr. Chung to F/u ACL TEAR  
DSD & CITRONIC PAIN - Not  
Responding to conservative therapy  
8/19/06 2:15 PM

You must include copies of pertinent lab, X-rays, and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/Injury/symptoms with Date of Onset:

ACL TEAR ltr "Popping & Grinding"  
in (R) knee AFTER playing basketball  
Gael. PATIENT in constant pain

Results of a complaint directed physical examination with objective findings: ⊕ Anterior Drawer test

MRI - 7/12/04 ACL TEAR, Focal edema  
of posterolateral tibial plateau.

Previous treatment and response: (including medications)

REST, NSAIDS, BRACE,

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date:

FAXED  
7/2/04  
EFRegional Medical Director Signature,  
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:



PRISON  
HEALTH  
SERVICES  
INCORPORATED

## HEALTH EVALUATION

Date: <u>2/20/04</u>	ID#: <u>225145</u>
----------------------	--------------------

### ADMISSION DATA

Last Name: <u>Martin</u>	First: <u>Marley</u>	Middle:
Birthplace:	DOB: <u>12-17-70</u>	SS#:
Previous Incarcerations (Date & Facility)		Health Insurance? <input type="checkbox"/> Y <input type="checkbox"/> N Carrier: State:
		Policy Number: <u>N/A</u>

### MEDICAL DATA

Family Physician: <u>N/A</u>	Address:	Phone:
Previous Hospitalizations/Surgeries/Major Illness/Current Illness: What? Where?		
Medications: <input checked="" type="checkbox"/> None	Special Diet (Prescribed):	
Allergies: <input checked="" type="checkbox"/> NKA		

ANY ARRESTEE WHO IS UNCONSCIOUS, SEMICONSCIOUS, ACTIVELY BLEEDING, IN ACUTE PAIN AND URGENTLY IN NEED OF MEDICAL ATTENTION SHOULD IMMEDIATELY BE REFERRED FOR EMERGENCY CARE.

### CLINICAL OBSERVATIONS

<p>1) Level of Consciousness: ( ) Alert ( ) Oriented; time, place, person Describe: ( ) Lethargic ( ) Stuporous ( ) Comatose</p> <p>2) General Appearance ( ) Normal ( ) Abnormal Describe:</p> <p>4a) Behavior/Conduct: ( ) Calm ( ) Cooperative ( ) Non-Violent ( ) Agitated ( ) Uncooperative ( ) Violent Describe: ( ) Manipulative ( ) Disorganized</p> <p>4c) Perceptions: ( ) Delusional ( ) Hallucinations ( ) Hearing Voices</p> <p>5a) Is there h/o actual suicide attempt? ( ) Yes ( ) No</p> <p>5c) Is there evidence or history of self-mutilation? ( ) Yes ( ) No</p> <p>If ANY of the above in #5 are circled, staff MUST describe here, include previous history and dates:</p> <p>6a) Communication Difficulties ( ) Yes ( ) No</p> <p>6c) Hearing Impairment ( ) Yes ( ) No</p> <p>7) Physical Aids: ( ) None ( ) Glasses ( ) Contacts ( ) Hearing Aid ( ) Dentures ( ) Cane ( ) Crutches ( ) Walker ( ) Wheelchair ( ) Braces ( ) Artificial Limb ( ) Other</p> <p>8) Additional comments, complaints, symptoms: <input type="checkbox"/> None</p> <p>S)  O)  A)  P)</p>	<p>3) Substance Abuse: ( ) Yes ( ) No ( ) Suspected ( ) Current Intoxication/Abuse ( ) Use ( ) Withdrawal Symptoms Describe: What kind? Amount/Frequency? * If confirmed Benzo use, then follow Detox Protocol. If can not be confirmed, q shift BP (HR X 5 days). Last Use: (Time/Date):</p> <p>4b) Affect/Mood: ( ) Normal ( ) Manic ( ) Depressed ( ) Euphoria ( ) Flat ( ) Emotionally Confused Describe:</p> <p>5b) Does pt describe current suicidal thoughts or ideations? ( ) Yes ( ) No</p> <p>5d) High risk pt may become assaultive towards staff? ( ) Yes ( ) No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>Triggers for Suicide Watch- 4G/H:</p> <ul style="list-style-type: none"> <li>- Currently Suicidal</li> <li>- History of <u>actual</u> attempt</li> <li>- Fails to maintain control on Close Watch</li> </ul> </td> <td style="width: 50%;"> <p>Triggers for Close Watch- 2C:</p> <ul style="list-style-type: none"> <li>- Emotionally distraught and <u>unable</u> to regain composure by end of Intake process</li> <li>- Actively hallucinating or not making any sense</li> </ul> </td> </tr> </table> <p>6b) Memory Defects ( ) Yes ( ) No</p> <p>6d) Speech Difficulties ( ) Yes ( ) No</p>	<p>Triggers for Suicide Watch- 4G/H:</p> <ul style="list-style-type: none"> <li>- Currently Suicidal</li> <li>- History of <u>actual</u> attempt</li> <li>- Fails to maintain control on Close Watch</li> </ul>	<p>Triggers for Close Watch- 2C:</p> <ul style="list-style-type: none"> <li>- Emotionally distraught and <u>unable</u> to regain composure by end of Intake process</li> <li>- Actively hallucinating or not making any sense</li> </ul>
<p>Triggers for Suicide Watch- 4G/H:</p> <ul style="list-style-type: none"> <li>- Currently Suicidal</li> <li>- History of <u>actual</u> attempt</li> <li>- Fails to maintain control on Close Watch</li> </ul>	<p>Triggers for Close Watch- 2C:</p> <ul style="list-style-type: none"> <li>- Emotionally distraught and <u>unable</u> to regain composure by end of Intake process</li> <li>- Actively hallucinating or not making any sense</li> </ul>		

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for professional services to be provided to me by and through \_\_\_\_\_.

Inmate's Signature

2-20-04

Date



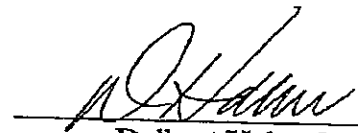
Date: 07/12/04  
Patient: Martin, Marlon  
DOB: 12/17/70  
Physician: Staton Correctional Facility  
Tech: Chung Nguyen, RDMS RT (R) (MR)  
Stacey Rogers, RT (R) (ARRT)  
Chart #: C071204-2  
Tape:  
Indication: Pain. Question of ACL  
tear.

SCAN: MRI examination of the right knee.

**FINDINGS:** Multiplanar, multipulse MRI of the right knee demonstrates a tear of the proximal ACL. There is thickening and horizontal orientation of the more distal fibers. The proximal fibers are disrupted. There is focal marrow edema in the posterolateral tibial plateau. I do not see a focal meniscus tear, there is grade I degenerative signal in the posterior horn of the medial meniscus. The extensor tendons are intact. The collateral ligaments have a basically normal appearance. There is slight thickening of the medial collateral ligament proximally. There is no significant chondromalacia of the patella.

**IMPRESSION:** Old tear of the proximal ACL with thickening and horizontal orientation of the more distal fibers. There is focal marrow edema in the posterolateral corner of the lateral tibial plateau.

Thank you for this patient referral.

  
Delbert Hahn, M.D.

DH/jr  
D: 07/13/04  
T: 07/13/04

7094 University Court • Montgomery, AL 36117

(334) 271-OPEN (6736) • Office: (334) 271-1345 • Fax: (334) 271-1342

www.lmiofmontgomery.com

A Division of Ransom & Heath, Inc.



**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	Martin, Marlon	<b>Inmate Number:</b>	225145MA
<b>Service Authorized:</b>	X-Ray: MRI	<b>Effective Dates:</b>	06/17/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	13887086	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
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- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time

## UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

## DEMOGRAPHICS

Site Name &amp; Number:

Station 843

Site Phone #

(334) 567 - 1548

Site Fax #

(334) 567 - 1538

Patient Name: (Last, First)

Martin, Marlon

Alias: (Last, First)

Inmate #

225145

SS Number

041-78-3610

Date: (mm/dd/yy)

06/16/04

Date of Birth: (mm/dd/yy)

12/17/20

PHS Custody Date: (mm/dd/yy)

09/18/02

Potential Release Date: (mm/dd/yy)

12/20/06 EOS

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS  
☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare and Medicaid):

## CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

Dr. Sommer

Facility Medical Director Signature and Date:

Sommer

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)☒ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☒ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

1/1/05

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

MRI/IMI

Type of Consultation, Treatment, Procedure or Surgery:

MRI (XR) IMI (R) Knee  
24240 Tallahassee High  
2/8 @ 100pm

History of illness/injury/symptoms with Date of Onset:

33 Bm injured Right  
knee 9/2000. Seen by  
Dr. Chung 6/15/04  
Impression of "ACL tear"

Results of a complaint directed physical examination:

RT Knee "irregular"  
MRI RT Knee Pt ch  
of RT Knee pain; increasing instability

Previous treatment and response (including medications):

FAXED  
6/16/04  
EF

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date resubmitted:

1/1/05

Regional Medical Director Signature,  
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

## PRISON HEALTH SERVICES: AUTHORIZATION LETTER

<b>Patient Name:</b>	Martin, Marlon	<b>Inmate Number:</b>	225145MA
<b>Service Authorized:</b>	Office Visits: Op Orthopedics Referral	<b>Effective Dates:</b>	05/24/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	13808183	<b>Telephone Number:</b>	(334)395-5973 Ext 14

## Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

## For Payment Please Submit Claims To:

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

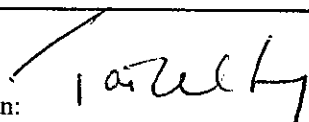
**The consulting physician should complete this section.**  
**The completed form will be sealed in the attached envelope and**  
**returned with an officer to the correctional facility.**

## Clinical Summary or Attached Report

9/2000 - Fall down for injury @ basketball → (P knee pain, ↑ instability -  
 ⊕ giving way & locking  
 too. (P knee ⊕ swelling - mild tenderness @ pt knee. ⊕ back pain  
 ⊕ Anterior drawer sign - 1/2 in. 0° - 110° flex  
 2 yrs. ago - Injury ACL tear @ knee  
 ⊕ MRE ⊕ arthroscopy (P knee) R.R. P. Stone

\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\*

Signature of Consulting Physician:



Date

6/15/04

Time

Reviewed and Signed By  
Medical Director:

Date

Time



05/24/2004 12:59 FAX

05/21/2004 FRI 15:16 FAX 334 567-1538 Staton Health Unit

→ STATON

001

010/015

# UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible  
AFTER RMD approval, fax to XXX.XXX.XXXX. You must type or print.

PHS

2

<b>Site Name &amp; Number:</b> Station 843 <u>Drapes</u> Inmate # <u>225145</u> Site Phone # <u>(334) 567-1548</u> Site Fax # <u>(334) 567-1538</u>		<b>DEMOGRAPHICS</b> Patient Name (Last, First) <u>Martin Marlon</u> Alias: (Last, First) _____ Date: (mm/dd/yy) <u>5/20/04</u> Date of Birth: (mm/dd/yy) <u>12/17/70</u> PHS Custody Date: <u>9/18/02</u> Potential Release Date: <u>12/20/04 EUS</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Will there be a charge for this visit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Responsible party:</b> <u>PHS</u>		<input type="checkbox"/> Residential Services and Medical Referrals <input type="checkbox"/> Other, be specific: (Include Medication and Medical)	
<b>Requesting Provider:</b> <input checked="" type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Dental <u>Marc Sarnier MD</u> Facility Medical Director Signature and Date: _____ <input type="checkbox"/> Service meets criteria for "approval via protocol" Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.		<b>CLINICAL DATA</b> History of illness/symptoms with Date of Onset: <u>Knee injury 9/2000</u> <u>Pt. reports knee buckling +</u> <u>Instability Daily.</u> <u>No regular pain or edema</u> Results of a complaint directed physical examination with objective findings: <u>2+ Ant. Drawer</u> <u>Radiograph WNL</u> Previous treatment and response: (including medications) <u>Knee brace, NSAIDS</u> <u>7 Profiles</u> <u>No indication for steroid injection.</u> ***For security and safety, please do not inform patient of possible follow-up appointments***	
<input type="checkbox"/> Office Visit (OV) <input checked="" type="checkbox"/> X-ray (XX) <input type="checkbox"/> Delay (DA) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Radiology <input type="checkbox"/> Urgent Estimated Date of Service (mm/dd/yy) _____ (This starts the approval window for the "open authorization period") Multiple Visits/Treatments: <input type="checkbox"/> (Radiation, Chemotherapy) Number of Visits/Treatments: _____ Type of Consultation, Treatment, Procedure or Surgery: <u>MRJ - FMI Ortho Consult</u> <u>Dr. Chung 6486 Winston Blvd Bldg</u> <u>260-2288 6/15 @ 200 PM</u> <u>take xrays</u> You must include copies of pertinent lab, X-rays, and specialty consult reports with this form. <input type="checkbox"/> Pertinent Documents have been attached and filed.		<b>UM DETERMINATION:</b> <input checked="" type="checkbox"/> Alternative Treatment Plan (explain here): _____ <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information. Regional Medical Director Signature, printed name and date required: <u>Dr. [Signature]</u> <u>MOSIER</u> <u>5.24.04</u> Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Cert Type: <u>OR/OV</u> Mod Class: <u>99201</u> UIC: <u>13808183</u>	

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	Martin, Marlon	<b>Inmate Number:</b>	225145MA
<b>Service Authorized:</b>	Office Visits: Op Orthopedics Referral	<b>Effective Dates:</b>	05/24/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	13808183	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time



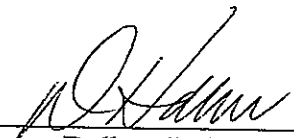
Date: 07/12/04  
Patient: Martin, Marlon  
DOB: 12/17/70  
Physician: Staton Correctional Facility  
Tech: Chung Nguyen, RDMS RT (R) (MR)  
Stacey Rogers, RT (R) (ARRT)  
Chart #: C071204-2  
Tape:  
Indication: Pain. Question of ACL  
tear.

SCAN: MRI examination of the right knee.

**FINDINGS:** Multiplanar, multipulse MRI of the right knee demonstrates a tear of the proximal ACL. There is thickening and horizontal orientation of the more distal fibers. The proximal fibers are disrupted. There is focal marrow edema in the posterolateral tibial plateau. I do not see a focal meniscus tear, there is grade I degenerative signal in the posterior horn of the medial meniscus. The extensor tendons are intact. The collateral ligaments have a basically normal appearance. There is slight thickening of the medial collateral ligament proximally. There is no significant chondromalacia of the patella.

**IMPRESSION:** Old tear of the proximal ACL with thickening and horizontal orientation of the more distal fibers. There is focal marrow edema in the posterolateral corner of the lateral tibial plateau.

Thank you for this patient referral.

  
Delbert Hahn, M.D.

DH/jr  
D: 07/13/04  
T: 07/13/04

*Handwritten note:* 7-19-09

7094 University Court • Montgomery, AL 36117

(334) 271-OPEN (6736) • Office: (334) 271-1345 • Fax: (334) 271-1342

www.imiofmontgomery.com

A Division of Ransom & Heart, Inc.

# UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible  
AFTER RMD approval, fax to XXX-XXX-XXXX. You must Type or Print.

**PHS**

## DEMOGRAPHICS

Site Name & Number:

Staton 843

Inmate #

225145

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Patient Name: (Last, First)

Martin Marlan

Alias: (Last, First)

Date: (mm/dd/yy)

5/20/04

Date of Birth: (mm/dd/yy)

12/17/70

PHS Custody Date

9/18/02

Potential Release Date

12/20/06 EDS

☒ Male

☐ Female

Will there be a charge for this Visit?

☒ Yes

☐ No

Responsible party:

☒ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare and Medicaid)

☐ Other, be specific (Excludes Medicare and Medicaid):

Requesting Provider:

☒ Physician

☐ NP, PA

☐ Dental

Marc Sengier MD

Facility Medical Director Signature and Date:

[Signature]

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)

☒ X-ray (XR)

☐ Dialysis (DA)

☐ Outpatient Surgery (OS)

☐ Scheduled Admission (SA)

☒ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ (Radiation, Chemotherapy)

Number of Visits/Treatments

Type of Consultation, Treatment, Procedure or Surgery:

MRI - IMI

You must include copies of pertinent lab, X-rays, and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☐ Offsite Service Recommended and Authorized

[Signature]

Date:

[Signature]

Regional Medical Director Signature, printed name and date required:

History of illness/injury/symptoms with Date of Onset:

Knee injury 9/2000.  
Pt reports knee buckling +  
Instability Daily.

No regular pain or edema

Results of a complaint directed physical examination with  
objective findings:

2+ Ant. Drawer  
Roctograph WNL

Previous treatment and response: (including medications)

Knee brace, NSAIDS  
+ Profiles

No indication for Steroid injection.

\*\*\*For security and safety, please do not inform patient of  
possible follow-up appointments\*\*\*

**FAXED**

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

001  
009/010

Form must be Complete and Legible  
AFTER READ optional ~~Section~~ ~~100-106-1000~~ You must type or print

5/2/74 Please try this - also Ht?  
D. M. Ellis



05/06/2004 14:05 FAX

→ STATON

001

04/20/2004 TUE 16:40 FAX 334 5 1538 Staton Health Unit

009/010

## UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible

AFTER RMD approval fax to XXX-XXX-XXXX. You must Type or Print

PHS

## Site Name &amp; Number:

Staton 843

Inmate #

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

## DEMOGRAPHICS

Patient Name: (Last, First)

Martin Marlon

Alias: (Last, First)

Date: (mm/dd/yy)

4/20/04

Date of Birth: (mm/dd/yy)

12/17/70

PHS Custody Date

☒ Male☐ Female

Will there be a charge for this visit?

☒ Yes☐ No

Potential Release Date

Responsible party:

☒ PHS☐ Auto Bill☐ resident in PHS facility without any PHS equipment☐ Other, be specific: (Includes Medicare and Medicaid)

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

Marc Sagner MD

Facility Medical Director Signature and Date:

*[Signature]*☐ Service meets criteria for approval via protocol

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)☒ X-ray (XR)☐ Ultrasound (US)☐ Outpatient Surgery (OS)☐ Scheduled Admission (SA)☒ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ (Radiation, Chemotherapy)

Number of Visits/Treatments

Type of Consultation, Treatment, Procedure or Surgery:

MRI @ knee

You must include copies of pertinent lab, X-rays, and specialty consult reports with this form.

☐ Pertinent Documents have been attached and stored.

History of Illness/Injury/symptoms with Date of Onset:

Injury @ knee 2000  
knee is "buckling"

Results of a complaint directed physical examination with objective findings:

① Crepitus @ knee @ ROM  
2+ Ant Drawer @ knee

FAXED

Previous treatment and responses: (including medications)

NSAIDS, Rest + knee  
Brace.  
Pain + Instability continue

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

## UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested (See Attached)☐ Resubmitted with requested information.☐ Office Service Recommended and Authorized

? Intra-articular Steroids

Date:

Vered?

Regional Medical Director signature,  
printed name and date required*[Signature]* 4.24.04

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth:

5/7/04 - No intra-articular steroids

FAXED

FAXED



# UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible  
AFTER RMD approval, fax to XXX-XXX-XXXX. You must Type or Print.

**PHS**

## DEMOGRAPHICS

Site Name & Number:

Staton 843

Inmate #

225145

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Patient Name: (Last, First)

Martin Marlon

Alias: (Last, First)

Date: (mm/dd/yy)

4/20/04

Date of Birth: (mm/dd/yy)

12/17/70

PHS Custody Date

Potential Release Date

☒ Male

☐ Female

Will there be a charge for this Visit?

☒ Yes

☐ No

Responsible party:

☒ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare and Medicaid)

☐ Other, be specific (Excludes Medicare and Medicaid):

## CLINICAL DATA

Requesting Provider:

☒ Physician

☐ NP, PA

☐ Dental

Marc Sengier MD

Facility Medical Director Signature and Date:

*[Signature]*

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)

☒ X-ray (XR)

☐ Dialysis (DA)

☐ Outpatient Surgery (OS)

☐ Scheduled Admission (SA)

☒ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ (Radiation, Chemotherapy)

Number of Visits/Treatments

Type of Consultation, Treatment, Procedure or Surgery:

MRI @ knee

You must include copies of pertinent lab, X-rays, and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/Injury/symptoms with Date of Onset:

Injury @ knee 2000  
knee is "buckling"

Results of a complaint directed physical examination with objective findings:

① Crepitus @ knee @ ROM  
2+ Ant Drawer @ knee

**FAXED**  
4/20/04  
1/1/04

Previous treatment and response: (Including medications)

NSAIDS, Rest + knee  
Brace.  
Pain + Instability continue

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☐ Offsite Service Recommended and Authorized

Date:

Regional Medical Director Signature,  
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cart Type:

Med Class:

UR Auth #:

02/20/2003 15:28 20545884 9

S HAUSER @ NAPHCARE

PAGE 07/08

FILE No.362 02/14 '03 12:58

L ATON HCU

FAX:334 56 38

PAGE 12

Appt. Date: \_\_\_\_\_

NaphCare (National Prison HealthCare)  
Hospital/Consultant Referral FormInmate Name: Martin, Marlon AIS#: 225145 Date: 2/13/03DOB: 12/17/70 Race: B Sex: M Allergies: NoneHistory of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): 33 B on 9 weeks of problemto vertigo. No relief to Braxium & Antivert  
etc of heart palpitations. Thyroid nodules pending. Stale  
activity like basketball work at work or walking  
working in kitchen at end of day. Also 1/2 crown of head  
SERVICES REQUESTED/PROVIDER: ENT consult Dr. Cantor'sGroupSignature (M.D.): [Signature]

Pertinent Chronic Conditions/Diagnosis: \_\_\_\_\_

DOC Facility: Archer Center Time Out: \_\_\_\_\_Receiving Facility/Hospital: Dr. Cantor Return Time: \_\_\_\_\_Route of Transportation: (X) Ambulance DOC Van Other: \_\_\_\_\_Date & Result/Last PPD: 12/13/02 DMN Date & Result/Last Chest X-Ray: \_\_\_\_\_

OFFSITE HEALTHCARE REPORT: \_\_\_\_\_

See Dr. McLane's May have Miners Th.  
not try Diamox 125mg BID  
X 2 weeks

Orders/Recommendations: \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notify (Facility): Station HCU at # (334) 567-1548 of patient's discharge.Advanced Medical Directive: Yes \_\_\_\_\_ (Attached) No ✓

Report called to: (Name/Title): \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Title: [Signature] Date: 2/14/03

Appt. Date: \_\_\_\_\_

NaphCare (National Prison HealthCare)  
Hospital/Consultant Referral FormInmate Name: Martin, Marlon AIS#: 225145 Date: 2/13/03DOB: 12/17/70 Race: B Sex: M Allergies: NKDAHistory of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): 33 Bm severe weeks of problemof vertigo. No relief to Brachium & Antivert  
of heart imbalance. Thymus muscle pinching. Stale  
activity like basketball work at work or wheel  
work in kitchen at end of day, also 1/2 crown of head pressure  
SERVICES REQUESTED/PROVIDER: ENT consult Dr. CantorGroupFEEDSignature (M.D.): [Signature]

Pertinent Chronic Conditions/Diagnosis: \_\_\_\_\_

DOC Facility: Draper Con. Center Time Out: \_\_\_\_\_Receiving Facility/Hospital: Dr. Cantor Return Time: \_\_\_\_\_Route of Transportation: (X) Ambulance DOC Van Other: \_\_\_\_\_Date & Result/Last PPD: 12/13/02 OMM Date & Result/Last Chest X-Ray: \_\_\_\_\_

OFFSITE HEALTHCARE REPORT: \_\_\_\_\_

Orders/Recommendations: \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notify (Facility): Staten HCU at: # (334) 567-1548 of patient's discharge.Advanced Medical Directive: Yes \_\_\_\_\_ (Attached) No ✓

Report called to: (Name/Title): \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Title: [Signature] Date: 2/14/03

## PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name:	Martin, Marlon	Inmate Number:	225145MA
Service Authorized:	Office Visits: Op Orthopedics Referral	Effective Dates:	07/22/2005 to 09/22/2005
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	3
Responsible Facility:	Staton Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	15266125	Telephone Number:	(334)395-5973 Ext 14

## Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
  - Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
  - Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
  - HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
  - Payment will not be processed until we receive a clinical summary.
- For Payment Please Submit Claims To:

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.

## Clinical Summary or Attached Report

MR & Mrs of All or meniscus

P. Exams

Knee exam

RR pr

\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\*

Signature of Consulting Physician: *[Signature]*

Date

Time

8/19/05

Reviewed and Signed By  
Medical Director:

Date

Time

*[Signature]*  
8/23/06

## UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print  
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

## DEMOGRAPHICS

Site Name &amp; Number:

Staton 843

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Patient Name: (Last, First)

Martin Marlon

Alias: (Last, First)

Inmate #

225145

SS Number

041-78-3610

Date: (mm/dd/yy)

7.20.05

Date of Birth: (mm/dd/yy)

12.17.70

PHS Custody Date: (mm/dd/yy)

09.18.2002

Potential Release Date: (mm/dd/yy)

12.20.2000

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

## CLINICAL DATA

Requesting Provider:

☐ Physician☒ NP, PA☐ Dental

McArthur

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☒ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

1/1/

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

Dr. Thompson

Type of Consultation: Treatment/Procedure/Surgery

Dr. Chung Schedule apt after MRI send results/film to Appt

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

R knee pain + recurrent edema. ACL repair 2004 Dr. Chung.

New knee injury since

Results of a complaint directed physical examination:

ACL repair. Seen by Dr. Chung who suspects meniscus injury 4/05.

Previous treatment and response (including medications):

NSAIDs, Braces, Activity restriction

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date resubmitted:

1/1/

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #: